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In The United States Patent And Trademark Office

Appl. Number: 10/050,520
Applicant: Harry Giewercer
Filed: 01/18/2002
Art Unit: 2859
Examiner: Amy R. Cohen

Confirmation No. 7761

Fee
only

Title: Medication Dosage Reminder Device
Loc/Date: Toronto, Canada, 2004 Aug. 26, Thursday
Phone: (905) 881-1603
Fax: (905) 889-0854

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

[Amendment after Final]

Sir:

In response to the Office Action mailed 07/20/2004, please amend the above-identified application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

100-723-4-02.000 00000001 00000000

Page 1 of 9

Appl. No. 10/050,520
Amtd. dated Aug. 26, 2004
Reply to Office Action of July 20, 2004

Conditional Request For Constructive Assistance

Applicant has amended the claims of this application so that they are proper and define novel structure which is also unobvious. If, for any reason this application is not believed to be in full condition for allowance, applicant respectfully requests the constructive assistance and suggestions of the Examiner pursuant to M.P.E.P. § 707.07(j) in order that the undersigned can place this application in allowable condition as soon as possible and without the need for further proceedings.

Very respectfully,


Harry Giewercer

Applicant Pro Se -----

29 Hyde Park Drive
Richmond Hill, Ontario Canada L4B 1V2
Tel. (905) 881-1603; Fax. (905) 889-0854

CERTIFICATE OF FACSIMILE TRANSMISSION

I certify that on the date below I will fax this communication, and attachments if any, to Technology Center 2800 of the Patent and Trademark Office at the following central number (703) 872-9306.

Date: Aug. 27, 2004 No. of pages: 9

Inventor's Signature: H. Giewercer

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FEE FOR PUBLICATION FEE OR TERMINATION RECORD

Effective January 1, 2003

Application or Docket Number:

10/050520

FEE FOR PUBLICATION FEE OR TERMINATION RECORD

(Column 1)

(Column 2)

INDEPENDENT CLAIMS	MINUS 3 =	17
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SMALL ENTITY
TYPE OTHER THAN
SMALL ENTITY
OR

XS 12 =	12
X42 =	42
+	+
TOTAL	54
OR	TOTAL

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	24	20	4
Independent	2	3	1

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM SMALL ENTITY OR OTHER THAN
SMALL ENTITY

XS 12 =	36
+	+
TOTAL ADD. FEE	36
OR	TOTAL ADD. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	25	24	1
Independent	2	3	1

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9 =	9.00	XS 18 =	
X =		X =	
+		+	
TOTAL ADD. FEE	9.00	TOTAL ADD. FEE	9.00
OR		OR	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	24	24	1
Independent	2	3	1

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 12 =		XS 18 =	
X =		X =	
+		+	
TOTAL ADD. FEE		TOTAL ADD. FEE	
OR		OR	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" in this space is less than 20, enter "0".

*** If the "Highest Number Previously Paid For" in this space is less than 3, enter "0".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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